

*Prepared by and return to:*  
*David F. Delgado, Attorney*  
*DELGADO LAW FIRM, PLLC*  
*5779 Getwell Road, Bldg. D, Suite 5*  
*Southaven, MS 38672*  
*662-536-2120*  
*MS Bar No. 99983*

Address of Grantor:  
PO Box 891  
Horn Lake, MS 38637  
Residence Phone: 901-833-8546  
Business Phone: n/a

Address of Grantee:  
PO Box 891  
Horn Lake, MS 38637  
Residence Phone: 901-833-8546  
Business Phone: n/a

Indexing Instructions: Lot 92, Section "H", Church Road Estates Subdivision, located in Sections 2 & 3, Township 2 South, Range 8 West, DeSoto County, Mississippi as per plat thereof recorded in Plat Book 28, Pages 14-15, in the Chancery Clerk's Office of DeSoto County, Mississippi

**ADMINISTRATRIX'S/EXECUTOR'S DEED**

**\*\*\*\*NO TITLE WORK REQUESTED OR PERFORMED\*\*\*\***

**BETTY BROTHERTON, ADMINISTRATRIX OF THE  
ESTATE OF BILLIE JOYCE BEVIL, DECEASED,** **GRANTOR**  
**TO**

**BETTY BROTHERTON,** **GRANTEE**

**FOR AND IN CONSIDERATION** of the sum of Ten Dollars (\$10.00), cash in hand paid, and other good and valuable considerations, the receipt and of which is hereby acknowledged, the undersigned, **BETTY BROTHERTON, ADMINISTRATRIX OF THE ESTATE OF BILLIE JOYCE BEVIL, DECEASED,** hereby conveys and quitclaims to **BETTY BROTHERTON,** the following described real property located and situated in DeSoto County, Mississippi, more particularly described as follows, to-wit:

Lot 92, Section "H", Church Road Estates Subdivision, located in Sections 2 & 3, Township 2 South, Range 8 West, DeSoto County, Mississippi as per plat thereof recorded in Plat Book 28, Pages 14-15, in the Chancery Clerk's Office of DeSoto County, Mississippi,

Title to the aforementioned property was held Billie Joyce Bevil. The said Billie Joyce Bevil died on April 24, 2009, leaving as her sole heir, Betty Brotherton whom title is now vested under Cause No. 10-01-0037, in the Chancery Clerk's Office of DeSoto County, Mississippi.

This conveyance is subject to restrictive covenants and utility easements shown on plat of said subdivision, subdivision and zoning regulations in effect in DeSoto County, Mississippi, rights of ways and easements for public roads and public utilities and all applicable building restrictions and easements of record, Health Department regulations in effect in DeSoto County, Mississippi, and any prior reservation of minerals of every kind and character, including, but not limited to, oil, gas, sand and gravel, in, on and under the aforescribed real property.

Possession is to be given upon delivery of the deed.

WITNESS THE SIGNATURE of the Grantor this the 10<sup>th</sup> day of August, 2010.

Betty Brotherton  
Betty Brotherton, Administratrix

STATE OF Mississippi

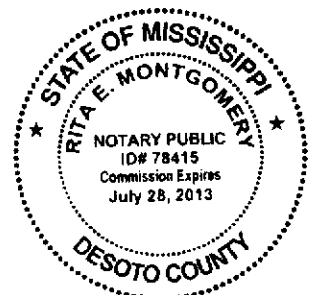
COUNTY OF DeSoto

Personally appeared before me, the undersigned authority in and for the said county and state, the within named **Betty Brotherton, Administratrix of the Estate of Billie Joyce Bevil, Deceased** and acknowledged that she, acting as Administratrix for Estate of Billie Joyce Bevil, Deceased, and that in said Administratrix capacity, executed the above and foregoing instrument, on behalf of **Estate of Billie Joyce Bevil, Deceased** and acknowledged that he executed the same as the free act and deed of said **Estate of Billie Joyce Bevil, Deceased**, after first having been duly authorized so to do.

WITNESS my Notarial Seal at office this 10<sup>th</sup> day of August, 2010.

Rita E. Montgomery  
Notary Public

My Commission Expires: 7-28-13



## STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH  
VITAL RECORDS

OK W BK 642 PG 642

Exhibit A



9006542

2009-008806

FILING  
DATE MAY 06 2009CERTIFICATE OF DEATH  
STATE OF MISSISSIPPISTATE FILE  
NUMBER 123

1. NAME First Middle Last Billie Joyce Bevil		2. SEX Female		3a. HOUR OF DEATH 13:03		3b. DATE OF DEATH (Month, Day, Year) April 24, 2009	
4. RACE (Specify White, Black, American Indian, etc.) White		5a. AGE AT LAST BIRTHDAY 78 Years		6. DATE OF BIRTH (Month, Day, Year) August 27, 1930		7. STATE OF BIRTH MS.	
8. PLACE OF DEATH (Check only one box) <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA		9a. FACILITY NAME (If not a facility, give street address, route number, or other location) Pontotoc Extended Care		9b. CITY, TOWN OR LOCATION OF DEATH Pontotoc		9c. COUNTY OF DEATH Pontotoc	
10. DECEDENT'S EDUCATION (Specify only highest grade completed) High School (9-12) 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		12. SURVIVING SPOUSE (If wife give maiden name) NONE		13. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) NO	
14. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Specify)		15a. USUAL OCCUPATION (Kind of work done most of working life) Secretary		15b. KIND OF BUSINESS OR INDUSTRY General Motors		16. STREET AND NUMBER OR RURAL LOCATION 176 South Main St.	
17a. RESIDENCE - STATE MS.		17b. COUNTY Pontotoc		17c. CITY OR TOWN Pontotoc		17d. INSIDE CITY LIMITS (Specify Yes or No) YES	
18. FATHER - NAME First Middle Last Moody Earl Russell		19. MOTHER - NAME First Middle Maiden L. Lovellie Gafford		20a. INFORMANT - NAME (Type or print) Betty Brotherton		20b. RELATIONSHIP TO DECEDENT Daughter	
21a. DISPOSITION OF BODY (Specify Burial, Cremation, Removal, etc.) Burial		21b. CEMETERY/CREMATORY - NAME Warren Cemetery		21c. LOCATION (City and State) Hurricane, MS.		21d. EMBALMER - SIGNATURE AND LICENSE NUMBER NOT EMBALMED IN MS.	
22a. FUNERAL HOME - NAME Brantley Funeral Home		22b. FUNERAL HOME LICENSE NUMBER FELL7		22c. MAILING ADDRESS (Street and number, City or town, State, ZIP Code) P.O. Box 428, Olive Branch, MS. 38654		23a. PERSON WHO PRONOUNCED DEATH - NAME AND TITLE (Type or print) Sam Mansour, M.D.	
24a. CERTIFIER - NAME (Type or print) Steve Montgomery, M.D.		24b. MAILING ADDRESS (Street and number, City or town, State, ZIP Code) 345 HWY 15 N, Pontotoc, MS 38863		25a. DATE SIGNED (Month, Day, Year) April 29, 2009		25b. STATE LICENSE NUMBER 10719	
26. PART I - Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, shock, or heart failure without showing etiology. List only one cause on each line. DO NOT USE ABBREVIATIONS. Interval between onset and death		27. PART II - OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.		28. AUTOPSY (Yes or No) No		29. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) No	
30. IF FEMALE, SPECIFY: <input checked="" type="checkbox"/> Was not pregnant within the past year <input type="checkbox"/> Was pregnant at the time of death <input type="checkbox"/> Not pregnant, but had been pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		31a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify) No		31b. DATE OF INJURY (Month, Day, Year) No		31c. HOUR OF INJURY No	
31d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED No		31e. INJURY AT WORK (Yes or No) No		31f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.) No		31g. LOCATION No	

Mississippi State Department of Health

Revised 1-4-08

Form 511

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

MAY 11 2009

Judy Moulder  
STATE REGISTRAR

WARNING: A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER. THIS IS WATERMARKED PAPER. DO NOT ACCEPT WITHOUT FIRST HOLDING TO LIGHT TO VERIFY WATERMARK.